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## *Facsimile Transmittal*

**DATE:** April 25, 2006

**TO:** USPTO

**ATTN:** AMENDMENT

**RE:** Serial No. 10/630,516

**FAX:** 571-273-8300

**FROM:** Kenyon Jenckes

**Number of Pages Sent:** 13 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN RCE IN (1) PAGE; AN  
AMENDMENT IN (10) PAGES; TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

4/25/06

(Date of Deposit)

Darla D. Kinsmedo

(Name of the Person Making the Deposit)

(Signature)

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 030192  
In Re Application of: D. Hansquine  
Serial Number: 10/630,516  
Filed: July 29, 2003  
Examiner: Mary C. Baran  
Group Art Unit: 2857

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS  | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims | Large Entry Fee                                | Fee Paid |       |
|---|--|---|------------------------|--|----------|-------|
| Total*  | 30   | 31  | 0                      | x \$50 =                                       | \$0      |       |
| Independent**   | 4  | 4   | 0                      | x \$200 =                                      | \$0      |       |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |                        | \$360  | \$       |       |
| EXTENSION FEES  |  |   |                        | <input type="checkbox"/> One Month             | \$120    | \$0   |
|   |  |   |                        | <input checked="" type="checkbox"/> Two Months | \$450    | \$450 |
|   |  |   |                        | <input type="checkbox"/> Three Months          | \$1020   | \$    |
| TERMINAL DISCLAIMER   |  |   |                        | \$130  | \$       |       |
|   |  |   |                        | TOTAL FEE                                      | \$450    |       |

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.  
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 4/25/06

Signature: 

Kenyon Jerickes, Reg. No. 41,873  
858-651-8149

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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(type or print name)

Date: 4/25/06

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasmado  
(type or print name)

Signature: 

(TRANSAMD.VER1.13-04/30/04)